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28112

7590

06/16/2004

GEORGE O. SAILE & ASSOCIATES

28 DAVIS AVENUE

POUGHKEEPSIE, NY 12603

08/10/2004 EFL0RES1 00000084 190033 09442499

01 FC:1501 1330.00 DA
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Stephen B. Ackerman	(Depositor's name)
<i>[Signature]</i>	(Signator)
August 5, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/442,499	11/18/1999	KWOK KEUNG PAUL HO	CS99-065	5954

TITLE OF INVENTION: PLASMA ETCH METHOD FOR FORMING PLASMA ETCHED SILICON LAYER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GOUDREAU, GEORGE A	1763	438-712000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. George O. Saile
 2. Rosemary L. S. Pike
 3. Stephen B. Stanton

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chartered Semiconductor Manufacturing Ltd.

Singapore, Singapore

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 8

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0033 (enclose an extra copy of this form).

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